



Application to study for a Postgraduate Research Degree

Please ensure that you have discussed your research proposal with the relevant Institute's Manager of Research Degrees prior to submitting an application for Postgraduate Research study. In order to be referred to the appropriate member of academic staff, prospective applicants should contact Admissions at <u>RegistryPGR@uwtsd.ac.uk</u> in the first instance and provide details of their proposed area of research. This form should either be completed electronically using Adobe Acrobat Reader, or if you wish to complete the form by hand please complete in BLOCK CAPITALS and use black ink.

	Have you previously applied to UWTSD?			YES		NO	
	If yes, please enter your student number						
	Title Mr/Mrs/Miss/Ms/Other						
I A: PERSONAL DETAILS	Surname / Family Name						
	Previous Surname (if applicable)						
	Forenames / Given Names						
	Date of Birth (DD/MM/YYYY)						
	Gender	Male					
	Nationality						
	Country of Birth						
	Permanent / Home Country Address						
VILS							
DETA							
A: PERSONAL DE							
	County/State						
	Post/Zip Code						
	Country						
<u>N</u> 0	Home Telephone Number						
ECI	Mobile Phone Number						
ŝ	Email						
	Address where you will live during study (if	different to permanent address)					
	County/State						
	Post/Zip Code						
	Country			1			
	Are you a member of UWTSD staff?			YES		NO	
	Do you have any current or previous crim convictions)? Please answer if a satisfacto Barring Service will be required for your stu	ry Enhanced Disclosure from the Di		YES		NO	
	If you have answered YES, you will be aske a separate form.		ion and the no	ature of	the o	ffence o	'n





	Qualification for which yo	J are applying	(Please t	ick)									
	MA or MSc by Research	Master (MPhil)	of Philosc	phy		PhD	by R	Research) by blished	Works	
٩S	Discipline or Subject area												
OPTIONS	Preferred Intake (Please tick)	February			June					Octobe			
	Do you wish to study Full- time or Part-time?	Full-time	Full-time Part-time										
: STUDY	Do you wish to study on-campus or as a Distance student? (Please tick)								•				
ON B	Carmarthen	Lampeter	Lampeter London Swansea [Dis	ance			
SECTION	If you are applying to study as a distance learner, please indicate whether you will have access to all the resources needed for your proposal.								NO				
S	Will you be working during	your research	candida	iture?						YES		NO	
	If yes, please state how m	any hours per v	week you	v will be	in em	ployr	nent	•					
	ls your employer aware of	your intention	to under	take th	is study	١Ś				YES		NO	

	Do you have a disability?					YES		NO	
	(If yes, tick all that apply)								
	Blind or partially sighted		Deaf or hearing impairment		Require persono	al care	assist	tant	
	Mental health difficulty		Wheelchair user or impaired mobility		Autistic spectrur	n disor	der (ASD)	
IES	Asperger's syndrome		Unseen disability (e.g. diabetes or epilepsy)		Specific learning difficulties (dyslexia, dyspraxia, ADHD or a combination of these)				
SABILIT	Multiple disabilities (please specify)								
C: DISAB	Medical condition (please specify)								
SECTION	Please describe the implications of any disabilities or additional need and/or support required. This information will be shared with Student Services so that an assessment can be made of any reasonable adjustments required to allow you to reach your full potential.								
S									





	Professional qualifications and page.	ademic degrees completed. If more than 3, please continue on a separate
	Name of previous Institution and location	
	Subject	
	Title of Award	Grade/Classification
	Full-time/Part-time	
ONS	Start date (MM/YYYY)	Date of Award (MM/YYYY)
Ĕ		
SECTION D: QUALIFICATIONS	Name of previous Institution and location	
	Subject	
ğ	Title of Award	Grade/Classification
	Full-time/Part-time	
CTIO	Start date (MM/YYYY)	Date of Award (MM/YYYY)
SE		
	Name of previous Institution and location	
	Subject	
	Title of Award	Grade/Classification
	Full-time/Part-time	
	Start date (MM/YYYY)	Date of Award

	Name and o of current e							
S	Current Job	Title			Length of Service		Full-time/ Part-time	
EMPLOYMENT DETAILS	Brief descrip current role	tion of						
ГОУ	Employmen	ment History. If you wish to enter more than 3, please continue on a separate page.						
EMF	Dates	FT or PT	Job Title	Employer Details	Brief descrip	tion of du	ties	
SECTION E:								





Have you discussed your application w formal applications cannot be accept	YES		NO				
Please state who you spoke with							
Please complete the next question if you are applying for a MPhil or a PhD by Research programme							
	Outline of the Proposed Research (500 -1500 words), detailing the <u>research question</u> , <u>aims and objectives</u> and contribution made to knowledge in this area. Please include the <u>proposed methodology</u> , <u>reference to key texts</u> and a brief <u>bibliography</u> .						







Outline of your proposed research (no more than 500 words):
Please complete the next question if you are applying for a PhD by Published Works
Please provide:
 A detailed list of the published works that will be included in the final submission and evidence of the public availability and traceability of the published works;
ii) A statement of no more than 3,000 words which seeks to show the coherence and academic impact of the body of work submitted.

Please complete the next question if you are applying for a MA or MSc by Research programme



Declarations

I declare that none of the published works individually or collectively is substantially the same as any work that has previously been submitted for another qualification at any university or similar institution.

I declare that, until the outcome of the current application is known, none of the published works individually or collectively will be submitted for any qualification at another university or similar institution.



	Please give details	of two referees below (one referee would normally be expected to be an academic)
	1 st Referee	
	Title & Full name	
	Position	
	Relationship to applicant	
	Telephone / Mobile	
	Email	
SECTION G: REFERENCES	Address	
0 N	2 nd Referee	
CIIC	Title & Full name	
SE	Position	
	Relationship to applicant	
	Telephone / Mobile	
	Email	
	Address	

	Will you have been ordinarily resident in the UK (apart from short holidays) for three years prior to the start date of the course?	YES	NO	
NC V	Please give further details			
KESIDENC				
I Z				
ON				
SEC.				
	Date of first entry to live in the UK (DD/MM/YYYY)			





Please complete this se	ection if you are NOT from	n the UK					
Passport Number			Passport Expiry D (DD/MM/YYYY)	ate			
Do you currently live in	the UK?				YES	NO	
If you are applying from	n within the UK, please gi	ve your UK addr	ess				
Do you currently have	a visa? If so what type?						
Will you require a Stude	ent visa for the period of y	our studies?			YES	NO	
country, you will be rec equivalent) with a minin minimum score of 5.5 ir	asters' degree complete juired to provide evidenc mum overall score of 6.5 n speaking and listening) need a minimum overall s	ce of English lang (to include a mi before you will b	guage in the form on nimum score of 6.5 accepted onto	of a current II 5 in reading c a Research [ELTS ce and wri [:] Degree	ertificate (ting and c e. For an	or a
	en an English language t v with the most recent firs						your
Name of test							
Listening score			Reading score				
Writing score			Speaking score				
Overall Score			Date of Test				
	o add any further informa ollege / University progran					ch as if you	Jr
requirements. You will	r a Student visa to stud be required to provide ment to study in the	evidence to she	ow that you have	one year's t	uition	fees, and	the
www.gov.uk/student-vi	isa. g, you will be expected to	n provide banks	tatements for us to	check hefo			ly.
for a Student visa to stu the UKVI requirements.	dy at the University. We Please check the UKVI w	will not be able ebsite for full de	to issue a CAS unti tails.	l your financie	al doci	uments m	eet
you can apply for a Stu	Sponsor, you will be expe ident visa to study at the KVI requirements. Please	University. We v	vill not be able to i	ssue a CAS u			
Bureau, please provide	Saudi Arabia and will be your Saudi national ID N		cial sponsorship fro	m the Saudi .	Arabia	l Cultural	
Saudi National ID Number							
Are you applying throu If so, please name the	gh a UWTSD recognised agent.	agent?					





	o study in the UK?							
Why have you chosen t	o study at UWISD?							
Why have you chosen to study this programme?								
How do you think your studies will help you in the future?								
Have you ever received	d a visa to study in the UK?		YES	NO				
Have you ever received If yes, please provide de			YES	NO				
		Visa Expiry [NO				
If yes, please provide de	etails below	Visa Expiry I Visa Expiry I	Date	NO				
If yes, please provide de Type of Visa	etails below Visa Start Date		Date	NO				
If yes, please provide de Type of Visa Type of Visa Type of Visa	etails below Visa Start Date Visa Start Date	Visa Expiry [Date	NO				
If yes, please provide de Type of Visa Type of Visa Type of Visa Have you ever been ref	etails below Visa Start Date Visa Start Date Visa Start Date	Visa Expiry [Date Date Date					





SECTION K: DECLARATION

The University is a controller in terms of the 2018 Data Protection legislation and the UK General Data Protection Regulation. The data requested in this application form is covered by the notification provided by the University under the Data Protection Act. The data will not be passed to any third party without your consent, except where the University is required by law to do so.

I give permission for the University of Wales Trinity Saint David to contact UKVI to confirm my UK immigration history and/or status.

By signing this declaration, I confirm that the information provided on this application form is true, complete and accurate.

By typing your name here, you are signing this form electronically.

Signature of Applicant

Date

D	This form may be submitted electronically: <u>RegistryPGR@uwtsd.ac.uk</u>	
QUIRED	Please ensure that you attach the following documents. Incomplete applications will not be processed until all documents have been received.	
S RE	ONE COMPLETED APPLICATION FORM WITH SIGNED AND DATED DECLARATION	
CUMENTS	CURRENT CV	
	CERTIFIED* COPIES OF ORIGINAL DEGREE CERTIFICATES / TRANSCRIPTS	
DO	CERTIFIED* COPY OF PASSPORT	
N L:	Students who are not from the UK must also include the following evidence	
SECTIO	CERTIFIED* COPIES OF CURRENT AND PREVIOUSLY ISSUED VISAS	
SEC	CERTIFIED* COPIES OF CURRENT AND PREVIOUSLY ISSUED CAS STATEMENTS	
	IELTS certificates from a UKVI approved IELTS centre (where English/Welsh is not the first language). A Masters certificate can be accepted if studied at a UK University, or through the medium of English/Welsh	
	*A Certified Copy is a photocopy signed by a solicitor/lawyer/notary to confirm that it is an authentic copy	